

# FAMILY EMERGENCY PLANNING CHECKLIST



## FAMILY CONTACTS

## BUILD A KIT

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

First aid kit

Pet food, water, and supplies

Important documents

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

Cash and change

Warm and cold weather clothing

Shelf stable food and water

Battery powered or hand crank radio

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

## CONTACTS

Doctor

Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Dentist

Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Specialist

Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Veterinarian

Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Important Medical Information: \_\_\_\_\_

## EMERGENCY CONTACTS

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

## INSURANCE

Type: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Telephone: \_\_\_\_\_

## MEETING LOCATIONS

Neighborhood: \_\_\_\_\_  
Additional: \_\_\_\_\_

